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CCR No. 97-0952		Logged Date 6/12/97		Rev. ---		Request Type CCR	
Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>		Affected Release B		Change Class II			
Title Addition of PCs to Ingest DAAC baseline							
Documents Affected DAAC documentation				Source Nos (RID, NCR, etc.) or Tech Reference N/A			
RTM Changed <input type="checkbox"/> Start New Baseline <input type="checkbox"/>							
Problem Release B Ingest is providing a PC/PC-COTS solution to “adding a new data type/external user” to the Ingest system. The solution requires the following Hardware/Software be added to the Ingest hardware (if not already available) /software baseline : 1) PC (486 or higher), 2)MSAccess Version 7.0, and 3) Intersolv ODBC driver.							
Proposed Solution Purchase and install a PC at the Oakridge DAAC for the DIP hardware. All remaining DAACs already have a PC in the Ingest hardware baseline on the DIP hardware. Purchase and install MSAccess 7.0 and Intersolv’s Data Direct ODBC Driver Pack for Window 95 (3.5” floppy media) on all DIP Hardware PCs (note: MSAccess 2.0 is currently installed on PCs in ECS, version 2.0 will not work with Intersolv’s ODBC driver).							
Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> SCDO Supp <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> Other _____							
Cost: None <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)							
Schedule: None <input checked="" type="checkbox"/> Other _____							
Additional LOC None _____ Man-Months N/A _____							
Materials _____							
Originator <u>Phyllis Dogan</u> _____ Signature _____ Date _____							
Office _____ Office Manager _____ Signature _____ Date _____							
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Deferred <input type="checkbox"/> Disapproved <input type="checkbox"/>							
Comments: CCB Chairperson _____ Signature _____ Date _____							

